



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

'05 APR -8 PM 12:47

H0100
APR 8

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM . 2

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Hemmings	Lydia	Herschie	262-5966
MAILING ADDRESS (Street)			FAX
190 Paumotu Way			262-5966
(City)	(State)	(Zip Code)	
Kailua	HI	96734	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		
Hawaii Psychiatric Medical Association		
TELEPHONE		
263-3070		
MAILING ADDRESS (Street)		
1360 S. Beretania St., 2nd Floor		
FAX		
(City)	(State)	(Zip Code)
Honolulu	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		
Lydia H. Hemmings		
TELEPHONE		
263-3070		
MAILING ADDRESS (Street)		
1360 S. Beretania St., 2nd Floor		
FAX		
262-5966		
(City)	(State)	(Zip Code)
Honolulu	HI	96814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

☒ Education☒ Human ServicesScience, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs☒ Tourism & Recreation☒ Consumer Protection &
Commerce

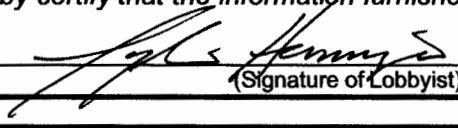
Hawaiian Affairs

Labor & Employment

*Transportation

Culture, Arts, Historic
Preservation☒ HealthPlanning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection☒ Housing☒ Public Safety & Corrections**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*
(Signature of Lobbyist)4.8.05
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Lydia H. Hemmings

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Psychiatric Medical Assoc.

263-3070

MAILING ADDRESS (Street)

FAX

1360 S. Beretania, St. 2nd Floor

262-5966

(City)


(State)

(Zip Code)

Honolulu

HI

96814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.
(Signature of Authorizing Officer or Person Represented)4.8.05
(Date)